

Point-Counterpoint

With urine-based screening, do sexually active adolescent girls still need annual pelvic examinations?

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Yes: Pelvic examination continues to play a key role

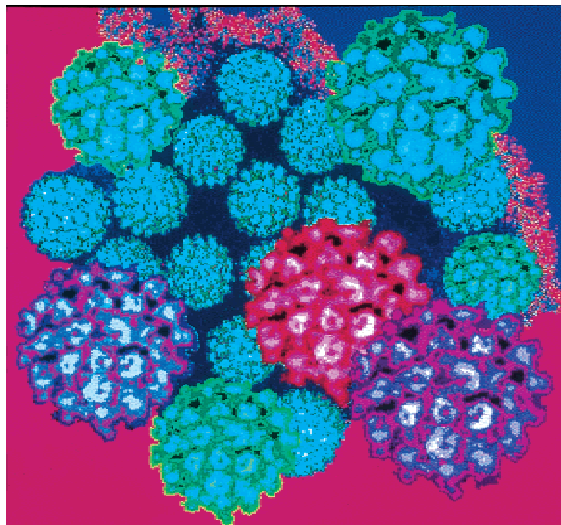
The pelvic examination is a fundamental component of reproductive health care services for sexually active adolescent girls. Those who propose that routine pelvic examinations are now unnecessary—because infection with *N gonorrhoeae* and *Chlamydia* can be diagnosed using urine specimens—are overlooking several issues critical to young women's health.

First, external genital and speculum examinations are often required to diagnose asymptomatic sexually transmitted infections. Adolescents frequently do not recognize signs and symptoms of genital herpes, condylomata, and syphilis, which may present as vulvar, vaginal, or cervical lesions. Trichomoniasis causes substantial morbidity but is often asymptomatic and requires a vaginal swab for diagnosis. Insufficient data exist regarding the quality of self-collected specimens in adolescents, and many adolescents are intensely uncomfortable self-inserting a swab. If these infections go undiagnosed, a crucial opportunity to provide prevention counseling, treat infections, and prevent transmission to sexual partners is missed.

Second, a speculum examination is necessary to obtain a Papanicolaou smear. Human papillomavirus (HPV) infection is highly prevalent in adolescents.¹ Many adolescents who were infected at a young age through vertical transmission or sexual abuse are at risk for cervical dysplasia, and the overall prevalence of abnormalities on Papanicolaou smears is as high in adolescent as in adult women and is probably rising.^{2,3} Instead of discontinuing cytologic screening, we should develop primary prevention initiatives and innovative strategies that enable providers to predict which adolescents are likely to develop progressive cervical dysplasia so as to avoid unnecessary Papanicolaou smears and colposcopy.

Third, the pelvic examination provides a valuable opportunity to educate adolescents about their reproductive anatomy and to teach and reinforce preventive gynecologic health care practices that may prevent morbidity and mortality throughout life. Trusted primary care physicians are in the optimal position to provide this education. Although the examination engenders embarrassment and fear in some adolescents, this certainly does not justify not performing an important preventive health service. Instead, we should focus on teaching health care professionals the communication and technical skills necessary to demonstrate respect and perform a comfortable examination.

Many medical organizations dedicated to adolescent and young women's health have developed guidelines stating that sexually active adolescents should receive routine pelvic examinations. The recommendation to eliminate them sends the harmful message that we do not value reproductive health care services for adolescent girls. Instead, we should be advocating strongly for the specific needs of adolescent girls in current debates about the allocation of preventive care resources.



Colored transmission electron micrograph of human papilloma viruses

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References

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